

# How did centralising services influence provision of evidence-based stroke care in Greater Manchester and London<sup>1</sup>



Research:  
at a glance

## What we know

Providing evidence-based stroke clinical interventions is associated with better patient outcomes, but little is known about how centralisation influences provision of such interventions.

In **2010**, stroke services were centralised in **London** and **Greater Manchester**, into a small number of specialist “Hyper Acute Stroke Units” (**HASUs**).<sup>2</sup>

In Greater Manchester, only patients arriving at hospital within four hours of stroke were eligible for treatment in a HASU; in London, all stroke patients were eligible.<sup>2</sup>

**In London**, centralisation was associated with significantly greater reductions in both length of hospital stay and patient mortality than the rest of England.<sup>3</sup>

**In Greater Manchester**, it was associated with significantly greater reduction in length of hospital stay than the rest of England, but not mortality.<sup>3</sup>

## What we found

After centralisation, **stroke patients in London were significantly more likely to receive interventions than in Greater Manchester or elsewhere.**

Greater Manchester and London **HASUs were significantly more likely to provide interventions than elsewhere.**

However, **in London 93% patients were treated in a HASU, whereas in Greater Manchester 39% patients were.**

Further, a third of Greater Manchester patients who were eligible for HASU care were not treated in one.

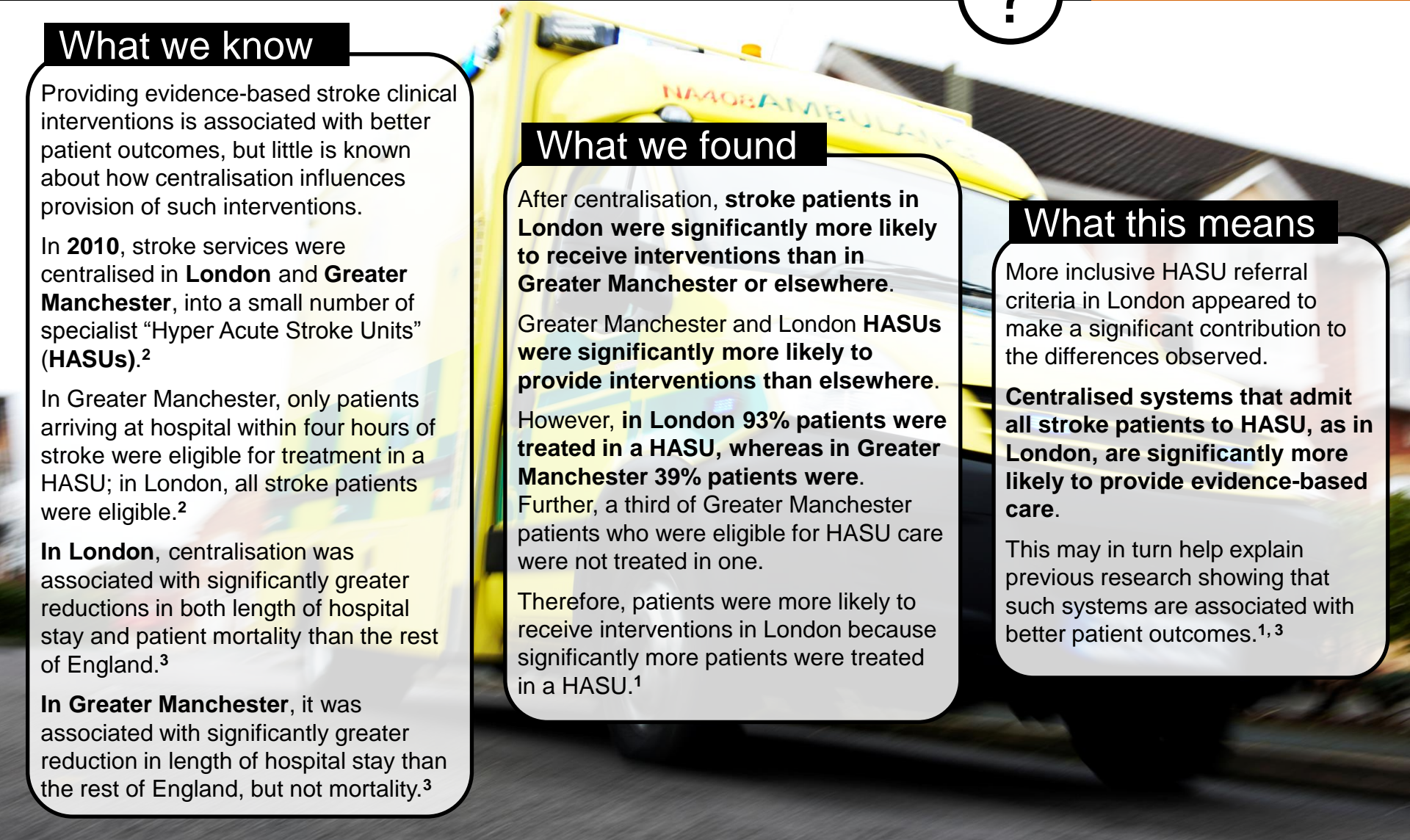
Therefore, patients were more likely to receive interventions in London because significantly more patients were treated in a HASU.<sup>1</sup>

## What this means

More inclusive HASU referral criteria in London appeared to make a significant contribution to the differences observed.

**Centralised systems that admit all stroke patients to HASU, as in London, are significantly more likely to provide evidence-based care.**

This may in turn help explain previous research showing that such systems are associated with better patient outcomes.<sup>1,3</sup>





## References

1. **Ramsay AIG *et al.*** Effects of centralizing acute stroke services on stroke care provision in two large metropolitan areas in England. *Stroke* 2015 doi:10.1161/STROKEAHA.115.009723
2. **Fulop N *et al.*** Innovations in major system reconfiguration in England: a study of the effectiveness, acceptability and processes of implementation of two models of stroke care. *Implement Sci* 2013;8 doi:10.1186/1748-5908-8-5
3. **Morris S *et al.*** Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis. *BMJ* 2014;349:g4757

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[www.ucl.ac.uk/dahr/research-pages/stroke\\_study](http://www.ucl.ac.uk/dahr/research-pages/stroke_study)

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